resisted all forms of medication. About a year ago a swelling was noticed in the lower right part of the abdomen, dull and semi-fluctuating, which gradually extended to the umbilicus. A diagnosis of tubercular peritonitis had been made. There was no tubercular history, nor did the child give evidence of any abnormality other than within the abdomen. My opinion was that the child suffered from either appendicular abscess or tubercular peritonitis, with the parasites as a possible cause of the latter in diminish-



ing the resisting power of the bowel by absorption of the toxins produced by the parasites. My advice re operation was refused, and the child taken to California. The abdomen increased in size and burst externally, discharging several quarts of pus, death following in a few days.

Metchnikoff (reported in American Meai ine) found the ova of the ascaris lumbricoides and trichocephalus dispar in fecal matter from a young girl, aged nineteen, who already had six attacks of appendicitis. He also quotes another case, a boy of ten, who recovered from appendicitis after passing two ascarides. Lemoine